

**Washington State Medicaid & SCHIP Reform Waiver
Vancouver Town Hall meeting
June 18, 2002**

About 40 people – a mix of clients, stakeholders, advocates and health-care providers -- attended the ninth Town Hall meeting in the series at Educational Service Unit 112 in Vancouver.

Major areas of discussion included:

Co-payments for Drugs: The drug co-pay – discussed at about \$5 – would only apply to clients who insisted on name-brand drugs even though their doctor agreed that a therapeutic equivalent drug or a generic drug would work as well. Assistant Secretary Doug Porter noted that the co-pay would be waived in the event of any drug judged by a physician to be medically necessary. Porter also said that Medical Assistance Administration's stance is that there are no current therapeutic equivalents for the anti-psychotic drugs and that they would be exempt from the co-pay. This policy is consistent with the operation of the Therapeutic Consultation System, which reviews patients' prescription whenever a fifth brand-name prescription is received in the course of a month. Both Porter and Roger Gantz, Director of Policy and Analysis for MAA, noted that the co-pays were not intended to raise revenue but to change behavior. "My hope would be that nobody would pay this co-pay," Porter said. "That's how it would be successful."

Co-payments for non-emergency use of emergency rooms: As it has at all the Town Meetings, this co-pay generated a good discussion in Vancouver. The main concern is that such a co-pay could become a bar to access for people who have no other way to receive primary care. Porter stressed that the state still has to work out a realistic way to separate clients at the emergency room into:

- Clients seeking primary care at the ER as a convenience.
- Clients who could not find primary care providers because of limited access.
- And clients with emergency care needs.

Ideally, only the first group would have to pay the co-pay. Porter noted that Medical Assistance Administration does not yet have a system in place to make this co-pay work, but that the immediate step is only to ask for the authority. If the state were to be authorized to use co-pays in this setting, then the Legislature and the state's hospitals and health-care providers will need to work with MAA to devise a system that works. "There is a problem," he said. "We are hearing from emergency room doctors that people are coming in for primary care and it's obvious that it's primary care. But I don't want to use this co-pay simply to reduce rates for emergency room or to set up barriers for people who need access to that level of care."

Enrollment freeze: Several of the participants registered strong opposition to the idea of an enrollment freeze that would leave new applicants for Medicaid optional programs without coverage until the Legislature could fix the budget overruns. Porter agreed with participants who noted that the health-care system overall would still have to absorb the cost of treating many of these individuals. Porter noted that the same is true now for people without insurance or coverage.

Written testimony: What happened to me could happen to you!

Other comments:

► “In 1990, I had an ovarian cyst perforate....I developed a serious bladder infection...I went through many antibiotics before I found medicines that were effective...I was on antibiotics for an additional six years, and although I’ve been off for six months now, I have mental health issues that continue...I was more fortunate than some because five of those years I could live with my sister, but today my sister can’t help because of her own medical needs...I have about \$100 a month ... to struggle with cost of food, clothes and cost of medication...there is nothing left over, nothing...The challenge is very overwhelming...”

► “I know we’re talking about millions of dollars for transportation projects... \$357 million ...they also found \$100 million to renovate the State Capitol ... not to mention the million-dollar facilities that opened upin Seattle. I urge you to take a second look...We need to be realistic about these social services...If they are getting co-pay for some of the drugs, I do not have an additional \$5...I just felt that in my needing social services, I went through many antibiotics that didn’t work before I found one that did work, and if I had been on Blue Cross or a decent health plan, then it wouldn’t have taken so long...”

► “I would also like to say that it is against federal law for any creditor to take Social Security away...Can anyone in this room explain how the state of Washington could take mine?... I’m in a boat, and now you are shooting holes in my boat and letting me drown....”

► “About the emergency room co-pays...many people go to the emergency room because a doctor won’t see them...what is your answer to that?”

► “What happens to those people who are affected by that freeze? Doesn’t that just shift the state’s problem to the doctors and providers? “

► “What about a person who is in crisis who goes to the emergency room? So the emergency room will make that decision? Who makes the decisions about what is an emergency and what isn’t?”

► “So if there’s a freeze and people become of retirement age and their income puts them in the eligibility range for eligibility, so they would become charity cases?”

► “I was informed that on October 1 coverage for children in the “v” category will be eliminated. Is that a done deal? Because I work for a head start agency and the federal government approved an immigrant head start program...and now these children are not going to be eligible for medical services, which is ironic...I’m not sure what the thinking was.”

► “What if the federal government says no to your request to keep those SCHIP dollars...because the federal government is also having money problems? ...It seems like there is a lot of decision-making going into play without knowing whether that is even viable.”

► “In the Coordination of Benefits section...have you considered raising the amount you’re willing to spend on children’s private insurance? They reduced the rate so it was 25 percent.... It used to be there was \$74 that we had always paid...and with a child on your insurance, you’re the low person...increasing the rate of return, so parents in this situation put their kids on their insurance if the state pays for it.... Then there are no other expenses other than that....but your savings is backwards: My child was double-covered. I’m a government employee and your COB is almost nonexistent...when they cut my rate, I had no choice, I had to take my son off my insurance.... I’ve

asked about it and gotten blank stares.... I just want to know how to manage it...I get a boatload of paper from the carrier...and none of it indicates there's any coordination of benefits going on..."

► "When I had my child on my insurance, Medicaid paid for nothing else... I know there are hundreds of people in the same situation."

► "My union says we're going to intercept some of the extra money in Medicaid and...that some of the federal Medicaid money will get intercepted for salary increases...or converted to salary? ...Also, what happened to the tobacco coverage? Wasn't that supposed to be used for something like this?"

► "For older people like myself, are you checking into the VA benefits that may serve some of these people? For example I have a VA card, which would kick in if my insurance should fail... A lot of people my age...are eligible because they were Vietnam veterans."

► "What about alternative medicine...I do a range of medical alternatives...I've found that alternative medicine is quite effective, although I have to pay for it out of pocket...."

► "I have this to say about DSHS social workers...I find it hard to believe that there aren't enough uninsured children out there that we have to give back \$95 million ... I've seen repeated articles that we aren't getting food stamps for the people who deserve them...DSHS should be out there initiating applications...."

► "My wife is a pediatric nurse and her practice is turning down any more children on Medicaid unless they have siblings already under the program...Because they can't get children hooked up in their clinic...I know that's generating some of the problems there...but some of the confusion involved information from the clinics and the medical examiners....Are you funding any of the free clinics going on? Would that be a good thing to be putting money into?"

► "Can you help me understand the rationale around the SCHIP program and the unspent money....The unspent dollars are being redirected to provide Basic Health slots for parents of uninsured children over there... but then you've got a potential caseload freeze on children over here...Also, we know that Basic Health has quite a bit of money coming up from the tobacco...I don't understand the issue of impacting your lower income kids over there with the interaction over here...?"

► "Why are you only looking at the optional groups of children and of medically needy, when there are other optional groups? If you look down the road ...if you see that you're not getting or helping get kids preventive treatment now, then you're going to be in trouble later on..."

► "Why have the freeze when you have all this extra money that you could be putting toward that?...I don't see any reason to freeze medical care for children or adults...I have no insurance..."

► "I'm a little concerned about what happens to low-income kids on the freeze....What that means is that the hospitals are going to pick up some of that cost shift...Or they won't and then we'll all end up paying for it in one way or another..."

► "I agree it's a tough choice...you can either cut everything from some people or a little from everybody and you're choosing to cut everything from some people."

► “Who decides how SCHIP money is actually spent? I would hate to see the SCHIP lockbox opened up so that people can spend it on something else...”

► “My mother was an Alzheimer patient....If she falls and hits the floor, it’s an emergency and they load her into an ambulance....Are you suggesting that I have to pay for this every time she’s hauled off against her will?...Because anytime there’s an incident, there’s an automatic ambulance ride to the hospital...”

► “I’m confused about optional adults...So families and parents not in the program with a child with significant medical needs are going to be SOL....unless they quit their jobs and go on welfare...I think, too, you have to be really careful...I’m the parent of a young adult...trying to become somewhat independent...But if I thought he was going to make enough money to lose that Medicaid coupon, he’d have another disability....a broken leg or something....The fact is we’ve done a lot of quality of life changes that now are costing us benefits....The state seems to be saying that unless you can be a 40-hour worker for the rest of your life we’re going to discourage you from being a 10- to 20-hour employee for the five or six years you can do it. ... My son has five different agencies and five different people getting involved in helping him find a job, and I don’t think you could even calculate how long that would take for someone who doesn’t have family support...”

► “I know that access is an issue...Is this something the waiver would allow you to do for other services?...Maybe the managed care plans in those areas could help you arrange more access...”

► “What are you doing to negotiate the cost of drugs with the pharmaceutical companies?”

► “I am one of those who fall into optional spenddown categories and I have yet to spend down though so that Medicaid has not had to pay anything yet... Will I be required to pay a premium when Medicaid is not paying anything for my cost of care?... The only reason I haven’t had to make my spenddown is that I’ve been lucky enough to have doctors who have helped me get my prescriptions through the patient assistance programs....When the drug companies get tired of giving me free drugs, I’m going to be in trouble....”

► “The drug companies claim that they are continually having to adjust their prices, and that if it gets to be a big enough hassle, they’ll just give up the...research needed to invest in new drugs.”

► “Would it not be a better deal to have discussed the kind of programs you folks are proposing first? Wouldn’t people be more receptive if, in the first place when you first had that shortfall, you had meetings like this and said what should we do about this?”

► “I understand very well the difference between Protonix and the purple solution... But you can’t shut down that access....I’ve tried it myself, and there have been times when it hasn’t worked...”

► “We have the CAP waiver service right now and it takes care of things that our private insurance won’t pay for now....It would be awful to lose it. What happens to us now?”

► “I want to explore the connection you describe between the problem you describe and the solution you’re proposing....In Clark County you have a medical safety group that meets periodically, and one of the things they talk about is the difficulty people have -- even with a

Medicaid coupon -- getting access to a primary care provider....I want to know what data the department has to show that this use of emergency rooms is contributing to the overall cost problems of Medicaid... There is a host of other kinds of problems... What evidence do you have that the cost problems the state is having has anything to do with this use of emergency rooms?... From the data that I've seen... one respect in which this area stands out is that people seem to have more trouble getting care promptly... There's pretty good evidence that people seem to have to spend a lot of time waiting to get service..."

► "To get back to the emergency room and availability of services, I haven't seen anybody mention the doc in a box, the free emergency clinic... They apparently do not factor into this at all?"

► "What about financial incentives for clinics and doctors' offices to stay open later... You'll save the bottom dollar for everybody..."

► "As of June 1, you're no longer covering RN services in covered facilities... RSNs... for exams of mental health outpatients... But if you can't see the nurse for \$11.33, they'll now have to see the doctors... This doesn't make sense. Our nurses work four or five visits for every one that sees the doctor. In effect, you are raising the cost four- or fivefold... What it means is we will no longer get paid for those services, which in turn means that we will no longer be offering that service..."

► "About the medicine thing, I've heard people say they can go to Mexico or Canada and buy the same medicine for a third of what they have to spend here... How does that work?"

► "On the safety net and freeze issue, I can understand somebody who has a sore throat and they're making 150 percent of the Federal Poverty Level, and they're going to the emergency room... I can understand that... But is there something you can do, some kind of emergency procedures, to identify the different kinds of patients..."

► "Have you tweaked what you originally submitted, and is this closer to the clarity of what was in the original waiver? So what you're taking back from the public meeting is what is going to be rolled into the proposal?"

► "I work with families who have children who are developmentally disabled... These families have medical issues... 750 to 800 families here in this community who if they did not have this Medicaid coupon, they would have to quit their jobs and go on welfare... Am I correct that these are children you are going to put on the freeze? That is horrible... That is not acceptable! ... You want feedback, I will give you feedback: I have 750 to 800 families in this county who will stand up and say this is not acceptable ... And you're proposing this to the federal government without any idea of the outcomes? That is not acceptable..."

► "What this means is that a child born disabled and medically needy, where there isn't any medical insurance, will have to stay in a hospital for six months without insurance.... And then, if he's alive in six months, then we'll agree to cover him, maybe... I agree. That's not acceptable..."

► "What happens if your emergency rooms have to close down because there is too much pressure on them... That is a very vulnerable population because they are on and off all the time... It would be an overwhelming burden to the hospitals.... There'll be a long line at the DSHS office, saying, 'Hey I'm sick!' "

► “I find it frightening that anyone would make the comparison to California, as if we would want to be like California!”

► “I think that’s really concerning me is that if my daughter loses her Medicaid coverage, how much time will she have to wait to find new coverage?”

► “I voted as a Democrat and I’m wondering if we had voted for Republicans, would there be any difference in the problem...It’s very upsetting to me...that you and the whole administration are approaching this problem by cutting the program rather than raising taxes... especially to the most vulnerable. To me, that’s cowardly.”

► “Is there any chance that we could get some statesmanship, from anyone, anywhere?”

► “When 27 of us in our office received this same envelope, with just a single piece of paper in it, from your agency...it tells us that the people in government are asking us to do something they’re not willing to do...They’re not willing to cut costs in their own pocket, in their own office...”

► “People go in and have to bear the cost of their co-pay, but say their check bounces. How much is it going to cost the state to collect that co-pay? ...So if they’re paying a premium, would there be some possible incentive...to help identify problems right away? Maybe there could be a reduced premium in the month they get their well-child exam, for example...There are simple things that can happen and provide good incentives....”

► “How many people would you have to hire to do that, collect those premiums and co-pays? It sounds like a bureaucratic nightmare.”

► “Under the SCHIP funds, your Basic Health Plus kids have to basically meet the same guidelines as the Medicaid kids...so I’m not sure of the mechanism for the Basic Health kids...However, you’re talking about increasing slots in the Basic Health plan with these funds, but those are adult slots, aren’t they?...But those kids have to meet the same eligibility standards, so are you talking about Basic Health kids coverage, too? When you’re talking about being able to have all this money shifted over to Basic Health, I don’t understand why you’re not going to use it for kids....”

► “When you talk about cutting off the eye care, the dental care, what are these people going to do? ...You’ve got an infected tooth, what are you going to do? Or you need glasses... What are these people going to do? ...\$500 a month, paying rent, paying all these other bills, and Medicaid won’t be able to take care of them? It isn’t right.”

